

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009695

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 373Primary Registration District No. 6269Registrar's No. 17VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 5 1962

1. PLACE OF DEATH
a. COUNTY

WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

OZARK TWP

Length of stay in lb

58 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WEBSTER

c. CITY
OR TOWN

MARSHFIELD R3

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

4 MI EAST

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSHUA DOUGLAS EVANS

4. DATE
OF DEATH

Month

Day

Year

FEB 22 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10-13-1894 67

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

PET FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM T. EVANS

13b. MOTHER'S MAIDEN NAME

O'LEA HAMILTON

14. NAME OF HUSBAND OR WIFE

EVA, MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EVA, MAE, EVANS MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH

2 DAY

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

METASTATIC CARCINOMA OF PROSTATE

3 MO.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-30-61, to 2-22-62 and last saw her alive on 1-14-62Death occurred at 645 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. J. Barcia, M.D.

22b. ADDRESS

Marshfield, Mo.

22c. DATE SIGNED

2-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

2-24-1962

23c. NAME OF CEMETERY OR CREMATORY

MARSHFIELD

23d. LOCATION (City, town, or county)

MARSHFIELD MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

BARBER-EDWARDS, MARSHFIELD

25. DATE RECD. BY LOCAL REG.

2-26-62

26. REGISTRAR'S SIGNATURE

J. Barcia

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RW Butler

Licensed Embalmer No. 7848

P. O. Address Wm Grove mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.